

Additional File 3

Full summary table of interventions utilised in geriatric assessment

	Study						
	Huusko et al. (2000) [1]	McGilton et al. (2013) [2]	Prieto-Alhambra et al. (2013) [3]	Shaw et al. (2003) [4]	Stenvall et al. (2012) [5]	Watne et al. (2014) [6]	Kennie et al. (1988) [7]
Staff¹							
A&E consultants				✓ ²			
Dietician					✓		
General practitioner (GP)	✓			✓			✓
Geriatrician	✓				✓	✓	✓
Neurologist	✓*						
Neuropsychologist	✓						
Nurse	✓			✓	✓	✓	
Nutritionist						✓*	
Occupational therapist	✓			✓	✓	✓	✓
Optician/ophthalmologist							
Orthopaedic specialist							✓*
Pastor							
Physical medicine consultant	✓*						
Physiotherapist	✓			✓	✓	✓	✓
Psychiatrist	✓*						
Social worker	✓					✓*	
Speech therapist							
Trauma team							

¹ Comprehensive geriatric assessment requires a team comprising: a doctor/specialist physician, specialist nurse, senior social worker, physiotherapist and occupational therapist

*These staff may not have been part of the main team but were on call to assist when needed

² Assisted with the screening of patients

Intervention							
Site of intervention	Geriatric ward	Inpatient rehabilitation unit	Multicentre	A&E department; patients' homes	Geriatric ward	Acute geriatric ward	Orthopaedic beds
Comprehensive Geriatric Assessment (CGA)					✓	✓	
Bedside assessments		✓					
Case-finding							
Daily team meetings						✓	
Early discharge planning	✓	✓				✓	
Follow-up assessments			✓		✓	✓	
HCP³ Training		✓					
In-hospital follow-up							
Multidisciplinary evaluation	✓			✓	✓	✓	✓
Post-discharge home visits	✓			✓	✓		
Pre-discharge home visits	✓ ⁴						
Weekly team meetings	✓				✓ (X2)		✓
<u>Domain 1: Physical medical conditions</u>							
Bladder re-training⁴		✓					
Blood transfusion							
Blood tests							
Clinical advice and recommendations	✓						
Correction of physiological disturbances						✓	
Daily oral supplements			✓ ⁵			✓	
Decubitus risk					✓		

³ Health Care Professional

⁴ If the team thought it necessary

⁵ Calcium, vitamin D

Drug treatment	✓		✓		
Elimination					
Fatigue assessment					
Fracture prevention				✓	
Hydration					
Medical assessment				✓	
Nutrition				✓	✓
Optical correction			✓		
Osteoporosis assessment					✓
Pre-operative electrocardiogram					
Pain assessment					✓
Pain management ⁴		✓		✓	✓
Radiographs			✓		
Review of drug regimen				✓	✓
Sleep interventions ⁴		✓			
Somatic health assessment					
Speech therapy	✓				
UTI screening/ treatment				✓	
Domain 2: Mental health conditions					
Anxiety assessment					
Cognitive assessment					
Delirium prevention		✓		✓	✓
Dementia management		✓ ⁶			
Depression assessment				✓	
Mental health assessment					
Patient counselling	✓				
Psychogeriatric assessment				✓	
Domain 3: Functioning					
Daily increase of ambulation		✓			

⁶ If required, using the REAP model: Relate well, Environment modification, Abilities-focused care, Personhood

distance using the lowest level of assistance/aids				
Daily living aids	✓			
Early mobilization and rehabilitation	✓		✓	✓
Evaluation of ADL			✓	
Falls assessment			✓	
Falls prevention			✓	
Family counselling	✓			
Functional assessment			✓	
Help with use of appliances	✓			
Hip range of motion		✓		
Home hazard modification			✓	
Home-based exercise program			✓	
Increasing independence in basic activities of daily living		✓		
Individualised rehabilitation planning				
Lower extremity strengthening		✓		
Occupational therapy	✓ ⁷	✓	✓	✓
Orthotics			✓	✓
Physiotherapy	✓	✓	✓	✓
Training	✓			
Walking aids	✓		✓	
Domain 4: Social circumstances				
Caregiver training		✓		
Social support services				

⁷ Only for patients who would benefit from it

Supplemental material references

- 1 Huusko TM, Karppi P, Avikainen V, Kautiainen H, Sulkava R. Randomised, clinically controlled trial of intensive geriatric rehabilitation in patients with hip fracture: subgroup analysis of patients with dementia. *BMJ*. 2000;321:1107-11.
- 2 McGilton KS, Davis AM, Naglie G, Mahomed N, Flannery J, Jaglal S, et al. Evaluation of patient-centered rehabilitation model targeting older persons with a hip fracture, including those with cognitive impairment. *BMC Geriatr*. 2013;13:136.
- 3 Prieto-Alhambra D, Judge A, Arden NK, Cooper C, Lyles KW, Javaid MK. Fracture prevention in patients with cognitive impairment presenting with a hip fracture: Secondary analysis of data from the HORIZON Recurrent Fracture Trial. *Osteoporos Int*. 2014;25:77-83.
- 4 Shaw FE, Bond J, Richardson DA, Dawson P, Steen IN, McKeith IG, et al. Multifactorial intervention after a fall in older people with cognitive impairment and dementia presenting to the accident and emergency department: randomised controlled trial. *BMJ*. 2003;326:73.
- 5 Stenvall M, Berggren M, Lundstrom M, Gustafson Y, Olofsson B. A multidisciplinary intervention program improved the outcome after hip fracture for people with dementia-Subgroup analyses of a randomized controlled trial. *Arch Gerontol Geriatr*. 2012;54:e284-e9.
- 6 Watne LO, Torbergsen AC, Conroy S, Engedal K, Frihagen F, Hjorthaug GA, et al. The effect of a pre- and postoperative orthogeriatric service on cognitive function in patients with hip fracture: randomized controlled trial (Oslo Orthogeriatric Trial). *BMC Med*. 2014;12:63.
- 7 Kennie DC, Reid J, Richardson IR, Kiamari AA, Kelt C. Effectiveness of geriatric rehabilitative care after fractures of the proximal femur in elderly women - a randomized clinical-trial. *BMJ*. 1988;297:1083-6.